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| <b>To: Assistant Commissioner for<br/>Patents</b>  | <b>From: Estella Pineiro<br/>Patent Administrator<br/>818/493-2251</b>                     |
| <b>Attention: Examiner G. Manuel<br/>Art Unit: 3762<br/>TECHNOLOGY CENTER 3700</b>                                   | <b>ST. JUDE MEDICAL CRMD<br/>15900 Valley View Court<br/>Sylmar, California 91392-9221</b> |
| <b>Telecopier: 703/872-9306</b>  | <b>Telecopier: 818/362-4795</b>  |
| <b>RE: Request for Reconsideration</b><br><br>Applic. No. 10/092,695<br>Filed: 03/06/2002<br>Docket No. A02P1020US01 | <b>Number of pages being sent:<br/><u>16</u> (including cover page)</b>                    |

**PLEASE DELIVER TO EXAMINER G. Manuel, Art Unit 3762.**

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE AND THOSE PROPERLY ENTITLED TO ACCESS TO THE INFORMATION AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND/OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS TRANSMISSION IS NOT THE INTENDED OR AN AUTHORIZED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY UNAUTHORIZED DISTRIBUTION, DISSEMINATION, OR DUPLICATION OF THIS TRANSMISSION IS PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE OR FACSIMILE. THANK YOU.

*Received  
in CFC  
10/04*

PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE**Applicant:** Joseph J. Florio et al.**Serial No.:** 10/092,695**Examiner:** G. Manuel**Filed:** 03/06/2002**Art Unit:** 3762**Docket No.:** A02P1020US01**For:** METHOD AND APPARATUS FOR USING A REST MODE  
INDICATOR TO AUTOMATICALLY ADJUST CONTROL  
PARAMETERS OF AN IMPLANTABLE CARDIAC  
STIMULATION DEVICERECEIVED  
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OCT 04 2004TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILINGMail Stop Amendments  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

- ☒ Amendment and Request for Reconsideration  
☒ Associate Power of Attorney  
☒ Transmittal Letter, Fee and Cert. of Mailing

| CALCULATION OF FEES  |  |   |                          |                        |         |                                       |
|--|--|---|--------------------------|------------------------|---------|---------------------------------------|
| ITEM   | NO. OF CLAIMS<br>REMAINING AFTER<br>AMENDMENT  | NO. OF CLAIMS<br>PREVIOUSLY<br>PAID FOR | ADD'L<br>CLAIMS<br>FILED | LARGE<br>ENTITY<br>FEE | \$ FEE  |                                       |
| A  | TOTAL CLAIMS FEE   | 21                                      | 20                       | 1                      | X \$18  | \$ 18                                 |
| B  | INDEPENDENT<br>CLAIMS FEE**  | 3                                       | 3                        | 0                      | X \$86  | \$ 0                                  |
| C  | MULTIPLE-<br>DEPENDENT   |   |                          | 0                      | X \$290 |                                       |
| D  | EXTENSION OF TIME FEE — 1-mon: \$110; 2-mon: \$420; 3-mon: \$950; 4-mon: \$1,480   |   |                          |                        |         | 18                                    |
| E  | ADDITIONAL FEES (i.e., Surcharge — Late Fee— Declaration; Petitions; Information Disclosure Statement;<br>Terminal Disclaimer, etc.)<br>Specify: |   |                          |                        |         |                                       |
| F  | <b>TOTAL ADDITIONAL FEE**</b> (ADD TOTALS FOR LINES A,B,C,D, and E)  |   |                          |                        |         | \$ 18**                               |
| <input checked="" type="checkbox"/> Charge Deposit Account No. <b>16-0068</b><br>the amount of <b>\$18**</b> |  |   |                          |                        |         | A copy of this letter is<br>enclosed. |

- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068
- ☒ Any additional filing fees required under 37 CFR 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: 10/1/04

Ronald S. Tamura

Ronald S. Tamura, Attorney for Applicants  
Reg. No. 43,179

**CUSTOMER NUMBER: 36802**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Mail Stop Amendments  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450, on:

October 1, 2004

Estrella Pinero

10/1/04  
Date